

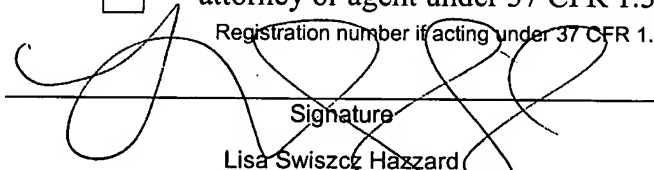


PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 56086RCE(71699)	
Application Number 10/823,089 Conf #3168		Filed April 12, 2004	
For DEVICES FOR INTRAOCULAR DRUG DELIVERY			
Art Unit 3767		Examiner Benjamin Huh	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR	\$120	\$60 \$ 120
<input type="checkbox"/>	Two months (37 CFR	\$450	\$225 \$
<input type="checkbox"/>	Three months (37 CFR	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR	\$2160	\$1080 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit			
Deposit Account 04-1105 . I have enclosed a duplicate copy of this			
I am <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. 44,368			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
		September 12, 2007	
Signature		Date	
Lisa Swisocz Hazzard		09/14/2007 HAZZARD 041105	
Typed or printed name		(617) 517-5512	
		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 forms are submitted.			

10823089

10823089